

216005652  
80534

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 113	Agency Case No. B6-010152	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/04/2016		TIME OF ACCIDENT 2355	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2358	02/05/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. CORNHUSKER HWY/23RD-27TH ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	345.00 X W CURB OF N 27TH ST					
09	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
4	DRIVER LICENSE NO.	H13545504		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	PATRICE L GROVES		PHONE	4024140712	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/22/1996	
1	OWNER	TANNER A BREAZILE / WILLIAM G BREAZILE		PHONE	10-02-1996	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB497413	
6	LICENSE PLATE PA NO.	11T454		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1	2004	Chevrolet	IMPALA	4 door Sedan	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 20
V1/O	VEHICLE ID NO. (VIN)	2G1WF52E249335229		INSURANCE COMPANY FARMERS MUT INS CO OF NE		
V2/O	TOWED TO	TOWED BY		POLICY NO. AU369715		
1	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	H13514309		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	ALAIN A ABANDI		PHONE	4025803106	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/30/1987	
1	OWNER	ALAIN ABANDI		PHONE	4025803106	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE PA NO.	TVU859		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	1996	Toyota	COROLLA	4 door Sedan	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50
V2/Q	VEHICLE ID NO. (VIN)	1NXBA02E4TZ366633		INSURANCE COMPANY FARM BUREAU PROP & CAS INS CO		
K	TOWED TO	TOWED BY		POLICY NO. 0000000008005799		
01	45					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-010152**



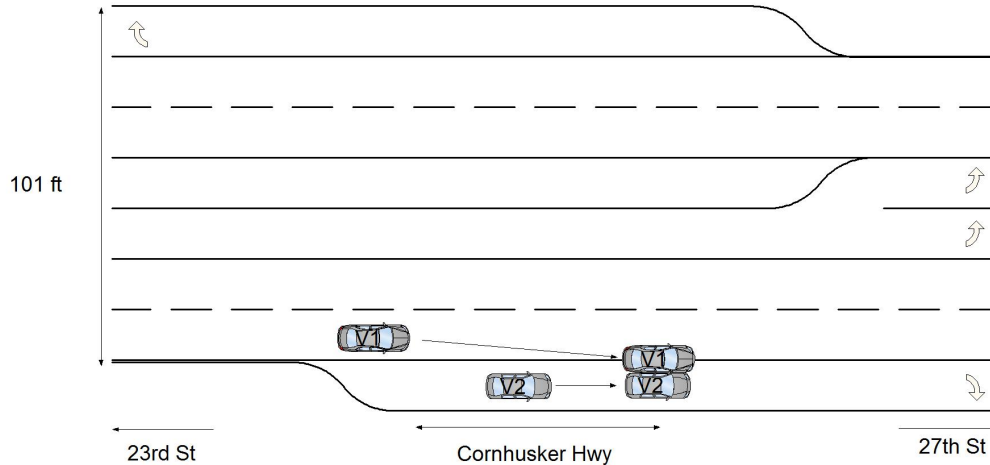
Indicate  
North  
by Arrow



*Not To Scale*

**POI: 345 FT W OF W CURB OF 27TH ST  
4 FT N OF S CURB OF CORNHUSKER HWY**

**MEASUREMENTS APPROXIMATE**



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 reported she EB on Cornhusker/26th-27th St in the outside most thru lane at approx 10 mph. D1 attempted to change lanes to the South into the right turn lane and collided with V2, knocking off the driver's side view mirror. D2 reported he was EB on Cornhusker Hwy/26th-27th in the right turn lane at approx 45 mph when he was struck on the driver side by V1. D1 cited/released for Changing Course without Safety.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1			X		CORNHUSKER												
2			X		CORNHUSKER												
1	03				06 Turning left	POINT OF IMPACT	03	POINT OF IMPACT	08								
2	01				08 Entering traffic lane	MOST DAMAGED AREA	03	MOST DAMAGED AREA	08								
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other									
				01  02 03 04 08 07 06													
				01 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown													
				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown													
				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown													

OFFICER NO. <b>1708</b>	TROOP/ TEAM/ BEAT <b>NE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Kiefer Hyland</b>		INVESTIGATOR SIGNATURE <b>Approved by Kiefer Hyland</b>	DATE OF REPORT <b>02/05/2016</b>